

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate):

☒ Return Receipt (hardcopy) 3.75

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery \$

Postage \$ 3.50

Total Postage and Fees \$ 10.36

Sent To US ATTORNEY

Street WESTERN DISTRICT OF LOUISIANA

City, State, ZIP+4® 800 LAFAYETTE ST #2200  
LAFAYETTE LA 70501-6832

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022  
ST. LOUIS, MO 63101-1819

7020 1810 0001 9545 4830

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US ATTORNEY  
WESTERN DISTRICT OF LOUISIANA  
800 LAFAYETTE ST #2200  
LAFAYETTE LA 70501-6832

2. Article Number (Transfer from service label)

7020 1810 0001 9545 4830

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature x A. Iorio ☒ Agent ☐ Addressee

B. Received by (Printed Name) 01444E C-19

C. Date of Delivery 5-13-22

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 1810 0001 9545 4878

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

**OFFICIAL USE**

Certified Mail Fee \$ 3.75  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
 Postage \$ 3.56  
 Total Postage and Fees \$ 9.36

Postmark  
 Here

ST. LOUIS, MO 63101  
 MAY 10 2022

Sent To CENTERS FOR DISEASE CONTROL &  
 PREVENTION  
 Street and Apt. N 1600 CLIFTON ROAD  
 City, State, ZIP+4 ATLANTA GA 30329-4027

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CENTERS FOR DISEASE CONTROL &  
 PREVENTION  
 1600 CLIFTON ROAD  
 ATLANTA GA 30329-4027



9590 9402 6353 0296 1205 66

2. Article Number (Transfer from service label)

7020 1810 0001 9545 4878

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Eddie Dennis*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Eddie Dennis

C. Date of Delivery

5-16-22

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted

Delivery

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>3.05</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ <u>0.00</u>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <u>0.00</u>
<input type="checkbox"/> Adult Signature Required	\$ <u>0.00</u>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <u>0.00</u>

Postage \$ 3.50

**Total Postage and Fees** \$ 10.30

Sent To **ATTN CIVIL PROCESS CLERK**  
Street and **US ATTORNEY GENERAL**  
**950 PENNSYLVANIA AVE NW**  
City, State, **WASHINGTON DC 20530-0001**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0001 9545 4915

MAY 10 2022

ST. LOUIS, MO 63101-0163

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">ATTN CIVIL PROCESS CLERK US ATTORNEY GENERAL 950 PENNSYLVANIA AVE NW WASHINGTON DC 20530-0001</p>	<p>A. Signature</p> <p><b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em;">MAY 16 2022</p>												
<p>2. Article Description (Transfer from sender label)</p> <p style="text-align: center;">7020 1810 0001 9545 4915</p>	<p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

9590 9402 6353 0296 1206 03

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 1810 0001 9545 4847

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 2.50
Total Postage and Fees	\$ 9.30
Sent To	ALEJANDRO MAYORKAS
Street and	SECRETARY OF US HOMELAND SECURITY
City, State	OFFICE OF GENERAL COUNSEL
	2707 MARTIN LUTHER KING JR AVE SE
	WASHINGTON DC 20528
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark  
Here

MAY 10 2022

ST. LOUIS, MO 63101-1810

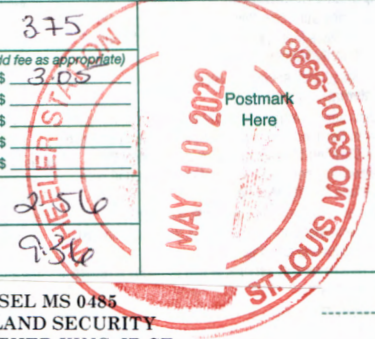
7020 1810 0001 9545 4960

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 2.56
<b>Total Postage and Fees</b>	<b>9.36</b>
<b>Sent To</b> Jen Easterly, CISA Agency Stop 0380 <b>Street and</b> Department of Homeland Security <b>City, State,</b> 245 Murray Lane Washington, D.C. 20528-0380	
PS Form 3800, April 2019 PSN 7530-02-000-9071 See Reverse for Instructions	



7020 1810 0001 9545 4861

U.S. Postal Service <sup>TM</sup> CERTIFIED MAIL <sup>®</sup> RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Certified Mail Fee	3.75
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	7.56
\$	
Sent To	GENERAL COUNSEL MS 0485
Street a	DEPT OF HOMELAND SECURITY
City, St	2707 MARTIN LUTHER KING JR SE WASHINGTON DC 20528
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



7020 1810 0001 9545 4823

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 2.56
<b>Total Postage and Fees</b>	<b>\$ 9.36</b>
<b>Sent To</b> Cybersecurity and Infrastructure Security <b>Street and</b> Agency Stop 0380 <b>City, State</b> Department of Homeland Security 245 Murray Lane Washington, D.C. 20528-0380	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	





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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$ 2.00

Total Postage and Fees \$ 5.75

Sent To  
JENNIFER RENE PSAKI  
THE WHITE HOUSE  
1600 PENNSYLVANIA AVE NW  
WASHINGTON DC 20500

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022  
ST. LOUIS, MO 63101-1011  
POSTMARK HERE

RECEIVED  
MAIL  
STATION

7020 1810 0001 9545 4939

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, print delivery address below: <input type="checkbox"/> No</p>		
<p>1. Article Addressed to:</p> <p style="text-align: center;">JENNIFER RENE PSAKI THE WHITE HOUSE 1600 PENNSYLVANIA AVE NW WASHINGTON DC 20500</p>	<p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">MSOD Mail Operation</p>		
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 1810 0001 9545 4939</p>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </td> </tr> </table> <p style="text-align: right; font-size: 0.8em;">Restricted Delivery</p>	<p>Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>			



7020 1810 0001 9545 4922

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 2.56
Total Postage and Fees	\$ 9.36
Sent To Street: City, St	
NINA JANKOWICZ c/o DEPT OF HOMELAND SECURITY 2707 MARTIN LUTHER KING JR SE WASHINGTON DC 20528	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



7020 1810 0001 9545 4908

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	3.75
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 5.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	2.56
\$	
<b>Total Postage and Fees</b>	<b>9.36</b>
\$	
Sent To	VIVEK H MURTHY
Street and Ap	OFFICE OF SURGEON GENERAL
City, State, Zi	US DEPT OF HEALTH & HUMAN SERV
	200 INDEPENDENCE AVE SW
	WASHINGTON DC 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here  
MAY 10 2022  
ST. LOUIS, MO 63101-8888

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.05

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$


Postage \$ 3.50

Total Postage and Fees \$ 7.30

Sent To The Honorable Brandon B Brown  
US Attorney for Western District Louisiana  
300 Fannin Street Suite 3201  
Shreveport LA 71101

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The Honorable Brandon B Brown US Attorney for Western District Louisiana 300 Fannin Street Suite 3201 Shreveport LA 71101</p> </div> <p style="text-align: center;">             9590 9402 6353 0296 1208 18         </p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7020 1810 0001 9545 4809</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <u>CIA</u> <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>STO</u></p> <p>C. Date of Delivery <u>5-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p style="text-align: right;">Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.00

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ 2.16

Total Postage and Fees \$ 9.31

Sent To **XAVIER BECCERRA**  
US DEPT OF HHS  
200 INDEPENDENCE AVE SW  
WASHINGTON DC 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022  
ST. LOUIS, MO 63101-8866

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**XAVIER BECCERRA**  
**US DEPT OF HHS**  
**200 INDEPENDENCE AVE SW**  
**WASHINGTON DC 20201**

2.   
9590 9402 6353 0296 1205 73

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

4. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

5. Signature

*[Signature]*

6. Received by (Printed Name)

*Tracey Mullins*

7. Date of Delivery

8. Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee 3.75

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 3.05

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage 2.54


Total Postage and Fees 9.34

Sent To  
Street and Apt.  
City, State, Z

**OFFICE OF GENERAL COUNSEL  
DEPT HHS  
200 INDEPENDENCE AVE SW  
WASHINGTON DC 20201**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022  
ST. LOUIS, MO 63110  
8666-1010

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">OFFICE OF GENERAL COUNSEL DEPT HHS 200 INDEPENDENCE AVE SW WASHINGTON DC 20201</p> <div style="text-align: center;">             9590 9402 6353 0296 1205 80         </div> <p>2. Article Number (Transfer from service label) <b>7020 1810 0001 9545 4892</b></p>	<p>A. Signature</p> <p style="text-align: center;"><b>X</b></p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Insured Mail (over \$500) Insured Mail Restricted Delivery (over \$500)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 1810 0001 9545 4854

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

3.75

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$ 3.05

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

2.50

\$

Total Postage and Fees

6.30

\$

Sent To

Street and Apt.

City, State, Zip

DR ANTHONY FAUCI  
 NATIONAL INSTITUTE OF ALLERGY &  
 INFECTIOUS DISEASES  
 5601 FISHERS LANE MSC 9806  
 BETHSEDA MD 20892-8906

Postmark  
 Here

MAY 10 2022

ST. LOUIS, MO

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 1810 0001 9545 4953

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	3.75
\$	
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	2.56
\$	
<b>Total Postage and Fees</b>	9.36
\$	

Postmark  
Here

Sent To  
 Street and Apt.  
 City, State, Zip

**NATIONAL INSTITUTE OF ALLERGY &  
 INFECTIOUS DISEASES**  
**5601 FISHERS LANE MSC 9806**  
**BETHSEDA MD 20892-8906**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7020 1810 0001 9545 4816

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee  
\$ 3.70

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ 3.16

Total Postage and Fees  
\$ 10.91

Postmark Here  
MAY 10 2022  
ST LOUIS, MO 63101-1919

Attorney General of the United States  
Attn Assistant Attorney General for Administration  
950 Pennsylvania Avenue NW  
Washington DC 20530-001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney General of the United States  
Attn Assistant Attorney General for Administration  
950 Pennsylvania Avenue NW  
Washington DC 20530-001

9590 9402 6353 0296 1205 11

2. Article Number (Transfer from service label)  
7020 1810 0001 9545 4816

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X ☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
C. Date of Delivery  
MAY 16 2022

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery ☐ Insured Mail

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



7020 1810 0001 9545 4977

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL POST</b>	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	16.65
\$	
Total Postage and Fees	
\$	
Se	The Honorable Joseph R Biden Jr
Str	President of the United States
	White House
City	1600 Pennsylvania Avenue NW
	Washington DC 20500
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

WHEELER STATION  
MAY 27 2022